

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
OBSERVATION FORM**

Pierpont Community & Technical College  
School of Health Careers

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You are required to complete a total of 10 volunteer/observation hours divided between at least 2 physical therapy practice settings. Mail a completed form for each of the clinics you visit by **January 31** to:

Pierpont Community and Technical College  
ATTN: Enrollment Services  
1201 Locust Avenue  
Fairmont, WV 26554

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Date Visited

Hours

Please have this section completed and signed by a physical therapist or physical therapist assistant at the clinic you visit.

Introduces self to staff.	Yes	No
Listens attentively.	Yes	No
Asks questions to aid learning.	Yes	No
Meets expectations for attendance and punctuality.	Yes	No
Responds in an appropriate manner to requests.	Yes	No
Respects confidentiality.	Yes	No
Converses appropriately with staff and patients.	Yes	No

Applicant Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Physical Therapist or PTA: \_\_\_\_\_

Printed Name

Signature